

APPLICATION FOR PLUMBING PERMIT

5

CITY OF LOS ANGELES - PALMS VENEZUELA

BUILDING AND SAFETY DIVISION

FOR APPLICANT TO FILL IN (PRINT OR TYPE)				BUILDING ADDRESS	
NUMBER	FIXTURE OR ITEM	@	FEE	LOCALITY	
	WATER CLOSET			NEAREST CROSS ST.	
	BATH TUB			OWNER	
	SHOWER			MAIL ADDRESS	
	LAVATORY			CITY	TEL. NO.
	SINK			CONTRACTOR	
	DISHWASHER			ADDRESS	
	CLOTHES WASHER			CITY	TEL. NO.
	SWIMMING POOL RECEPTOR			STATE LICENSE NO.	LIC. CLASS
	LAWN SPRINKLER SYSTEM			DISTRICT NO.	GROUP
	WATER HEATER			ZONE	PROCESSED BY
	GAS SYSTEM	OUTLETS		INDUSTRIAL WASTE APPROVAL	
	OUTLETS OVER 5 PER SYSTEM			INSPECTION RECORD	
Plan check fee					
PLUMBING PERMIT ISSUING FEE \$					
TOTAL FEE					
Plan check applicant					
Name					
Address					
City Tel. No.					
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING.					
I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.					
SIGNATURE OF PERMITTEE					
APPROVALS		DATE		INSPECTOR'S SIGNATURE	
UNDER SLAB WORK					
ROUGH PLUMBING					
GAS PIPING					
GAS VENT					
HOT WATER HEATER					
PLUMBING FIXTURES					
GAS TEST					
UTILITY CO. NOTIFIED					
FINAL					

TEMPORARY FILE COPY

PLAN CHECK VALIDATION

OK M.O. CASH

PERMIT VALIDATION

CK. M.O. CASH